Agency EFT Payment Report				
	Section 1: Age	ency Information	n	
1. Agency/Bureau:				
2. Contact Name:				
3. Telephone (AC):	4. Fax Number	Fax Number (AC):		
5. Address:				
6. List Agency Location Codes	s (ALC) included	in this Report:		
Reporting Period:	EFT vs. Ch	Conversion Tableck Payments	Т	
Payment Type *	(A) EFT Volume	(B) Check Volume	(C) Total Volume [ A + B ]	(D) EFT Percentage [A/C]
2. Benefit/Retirement				
3. Salary				
4. Vendor				
5. Miscellaneous				
6. Total				
* See Instructions below.  Report Completion Date:				

## **Instructions for Completing Agency EFT Payment Report**

This report should be completed by Treasury-disbursed agencies that are cross-serviced by another agency and by all Non Treasury-disbursed agencies.

## **Categorizing Payment Types**

For reporting purposes payments were categorized by the following four payment types and should be reported to FMS as follows:

Payment Type	Example	
Benefit/Retirement	Social Security, Federal Old Age Survivors Insurance, Federal Disability Insurance, Compensation & Pension, Civil Service Retirement, Supplemental Security Income, Military Retirement and Annuity, (recurring monthly payments, usually long-term)	
Salary	Salaries, wage-withholdings, awards, allotments (child support, CFC, garnishment)	
Vendor	Contractors, businesses, utilities, universities	
Miscellaneous	Travel advances and reimbursements, interagency, loans, grants, Medicare/Medicaid, Black Lung, Labor benefit payments	

## For questions or assistance in completing the report:

Program Compliance Division

EFT Compliance Team Phone: (202) 874-6630 Fax: (202) 874-6965

E-mail: John.Scannell@fms.sprint.com

## To submit reports:

1. **E-mail to:** John.Scannell@fms.sprint.com

2. **Fax to:** EFT Compliance Team, (202) 874-6965

3. **Mail to:** Program Compliance Division

**EFT Compliance Team** 

401 14th Street, SW., Room 423

Washington, D.C. 20227